

Email:

## ENROLMENT FORM FOR RATEPAYER ELECTORS

INVERCARGILL CITY COUNCIL

This form must be used for every application for enrolment as a ratepayer elector.

<ul> <li>Instructions</li> <li>1 Make sure you have a copy of a recent rates notice before you begin, you will need to refer to it where indicated*</li> </ul>				RATES the rate				tes notice*	name the ONLY name listed on s notice*? omplete SECTION A below			
<ul> <li>2 Use the diagram to determine if you need to complete Section A (the green section) OR Section B (the orange section).</li> </ul>			RATES ####################################				rust/society tes notice*					
For assistance phone: 0800 666 049			T				yes	, complete	SECT	ION B ove	erleaf	
RETURN THIS F In one of two		Scan and emains nrr@electionz		OR		<b>st to:</b> tepayer Elec	ctor Er	nrolm	ents, PO Box	3138	, Christchu	rch 8140
SECTION A Your name is the only name listed on your rates notice*												
A) Please print the full address of the property you pay rates on as it appears on your rates notice.*												
Flat/House or Rapi	id number (if r	ural address):										
Street/Road name:												
Suburb:						Town/City:						
Valuation reference	number as it a	ppears on the <b>rates</b>	notice*:									
Please print your full name and the address where you are currently enrolled as a parliamentary elector. Note: You can check these details by calling the Electoral Commission on 0800 36 76 56 or by visiting: https://enrol.elections.org.nz/app/enrol/#/check												
Your full name:												
Flat/House or Rapi	id number (if r	ural address):										
Street/Road name:												
Suburb:				Town	/City:						Postcode:	
A3 If your post	tal address is	s different to the	e address	in 🗛 p	lease	provide it he	ere.					
Flat/House or Rapid number (if rural address):					PO Bo	x/Private Bag ı	number	:				
Street/Road name:												
Suburb:	1			Town	/City:						Postcode:	
A4 Are you en	rolled as a ra	ntepayer elector	for any of	ther pro	operty a	? If yes, plea	se pro	vide t	hose property	detai	ls here.	
Full address of property/properties ( <i>continue on a separate sh</i>				eet if necessary):					City or district council to which the application or nomination has been made:			
As Please sign/date and provide contact details. We will only contact you if we have any queries relating to this enrolment.												
<ul> <li>By signing this enrolment form I declare that:</li> <li>I am a parliamentary elector on the: general roll / māori roll (tick one);</li> <li>I am the only person named as owner in the district valuation roll and only my name is listed on the rates account for the property listed in (A);</li> <li>I have not enrolled as a ratepayer elector for any other property OR if I am enrolled, I have provided those details in (A); and</li> <li>The details given on this form are true and complete.</li> </ul>												
Signed:								D	ate:			

Phone number:

SECTION B More than one name or a company/firm/trust/society (etc) name is listed on your rates notice*											
<b>IMPORTANT: PLEASE READ BEFORE COMPLETING THIS FORM.</b> One of the persons named <b>OR</b> a representative of the company/firm/trust/society (etc) named on the rates notice, must nominate (the nominator) a person to act as nominee (voter) on behalf of all parties listed on the rates notice. This form must be signed by both the nominator and the nominee. The nominator and nominee can be the same person.											
B) Please prin	it the full address of the prop	erty as it appea	rs on t	he rates notice	.*						
Flat/House or Rapi	d number (if rural address):										
Street/Road name:											
Suburb:				Town/City:							
Valuation reference	number as it appears on the <b>rates</b>	notice*:									
B2 Please print ALL of the persons named OR the company/firm/trust/society (etc) name, as it is shown on the rates notice*.											
Please print the name and residential address of the person who is being nominated to vote (the nominee) on behalf of those listed at B2. Note: These details should match the parliamentary electoral roll. You can check these details are correct by calling the Electoral Commission on 0800 36 76 56 or by visiting https://enrol.elections.org.nz/app/enrol/#/check											
Nominee's full nam	ne:										
Flat/House or Rapi	d number (if rural address):										
Street/Road name:	'										
Suburb:		/City:	y: Postcode:								
<b>B4</b> If the nomi	nee's postal address is diffe	rent to the addre	ess in (	B3 please provi	de it he	re.					
Flat/House or Rapi	d number (if rural address):		PO Bo	x/Private Bag nun	nber:						
Street/Road name:											
Suburb:	1	Town	Fown/City:				Postcode:				
<b>B5</b> Is the nomination of the second	nee enrolled as a ratepayer el	ector for any oth	er prop	erty? If yes, ple	ase pro	vide those prope	rty details here.				
Full address of property/properties ( <i>continue on a separate sheet if nece</i>							ict council to which the or nomination has been made:				
<b>B6</b> Details of a	ll other properties for which o	ther nominations	have b	een made by th	e ratepa	yer(s) listed in B	2.				
Full address of pro	perty/properties ( <i>continue on a s</i>	cessary,	):			City or district council to which the application or nomination has been made:					
<b>B7</b> Please sign	n/date and provide contact de	etails. We will on	nly conta	act you if we have	e any que	eries relating to th	is enrolment.				
This form must be signed by the nominator and nominee, where indicated. If they are the same person, they will need to sign both sections.											
<ul> <li>By signing this enrolment form I, as the nominator declare:</li> <li>I am eligible to make this nomination on behalf of the names listed in B2.</li> <li>The details given on this form are true and complete.</li> </ul>											
Signed:						Date:					
Email:						Phone number:					
<ul> <li>I, as the nominee named in B3, consent to this nomination.</li> <li>I am a parliamentary elector on the: general roll / māori roll (tick one);</li> <li>The details given on this form are true and complete.</li> </ul>											
Signed:						Date:					
Email:						Phone number:					
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